

THE DISCURSIVE FUNCTIONING OF HEALTH IN TEACHING PORTUGUESE TO REFUGEES

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In this article, we propose a sensible look at the process of teaching Portuguese to people in situations of refuge, which is marked by a yearning that sometimes can be distressing, precisely because of the need to learn as quickly as possible the predominant language of the new country and be able to express themselves minimally to manage their daily needs. The adaptation to a new place, full of novelties and challenges, transforms habitual practices into endeavors which demand effort with no guarantee of success. Under certain conditions, language becomes one of the determining factors of a satisfactory outcome or of a frustration that produces a feeling of powerlessness. We will speak, here, about the refuge seekers and refugees who find themselves in the city of Rio de Janeiro, the challenges experienced during their adaptation process and beyond, by focusing on a specific theme, relevant to all refuge seekers and refugees, regardless of nationality: *health care* in relation to the everyday practices of the other, in this case the other who lives in Brazil. Based on our experiences with students of the Portuguese

language course for refugees, organized by PARES Cáritas RJ in partnership with the State University of Rio de Janeiro (UERJ), and our contact with refugees of different nationalities, we aim to analyze how the topic of health is discursivized for refugees in teaching materials. *What is defined as health for refugees and how does the lack of knowledge of the language limit them?* This is the question that guides our analyses and, in order to do so, we used clippings from four didactic units of materials produced in different states of Brazil, in a gesture of comparison between these different materials, relating them to the effects of meaning produced during the classes held in the Portuguese course. Our analyses are based on the Analysis of Discourse of materialist basis which aims to understand the discursive operation and its effects of meaning, based on the studies of Michel Pêcheux (1975) and authors who, in Brazil, have continued the development of his theoretical notions, such as Orlandi, Lagazzi, Indursky, among others with whom we dialogue throughout the text. Because it is a theory that works in a space of in-between, such notions – among them the notion of *subject, conditions of production and ideology* – are essential to us, since they allow deconstructions of the effects of evidence, reaching the processes that result in the production of evidence (ORLANDI, 2012). For this work, it is important for us to understand the processes of identification of the refugee subjects with certain discursive formations when speaking about health. The understanding of this process allows us to look beyond the transparency of the meanings and seek in opacity the effects produced. Based on this theoretical framework, we analyzed the theme “health” presented in the workbooks *Pode entrar: português do Brasil para refugiadas e refugiados*, organized by UNHCR, Cáritas SP and the popular course Mafalda published in the state of São Paulo in 2015; *Entre nós: português com refugiados*, organized by UERJ and PARES Cáritas RJ, published in 2018; *Portas Abertas: português para imigrantes*, published in 2021 by the Municipal Secretariat of Education of São Paulo and the material entitled *Presente! Português como língua de acolhimento no Brasil*, prepared in Santa Catarina, published in 2021. We are interested in searching for regularities, differences and possible gaps in the materials, taking as a starting point the students’ reports and reactions in the classes where we worked on the theme, when they were questioned in the space and language of the other. Under these conditions of production, the guiding question of this work can be unfolded leading us to observe how the theme “health” is worked in the analyzed materials and how this theme challenges the volunteer teachers that occupy these classrooms, among other issues. When we entered the units that deal with health, at a first reading, we observed that there is a prioritization of three sub-themes: vocabulary about symptoms and diseases, naming the parts of the

human body (only the *Entre nós* workbook does not have a work with the name of the parts of the body) and presentation of the Unified Health System, (Sistema Único de Saúde – SUS), whose focus is to enable the refugee to explain his possible symptoms to the health agents in case of need. Of these sub-themes, we were struck by the way the body, in its relation to health, is worked on in the workbooks under analysis, due to the overlapping of physical health over mental and emotional health, so important to refugees. In our analyses, we understand that the students, in the process of meaning the body in another language, which is still foreign to them, establish a relationship with the body in their culture, in their mother tongue, according to the beliefs and rituals practiced in the country of origin. This challenges the teachers' sensitivity and skills, since it is not just a matter of dealing with issues related to the structure and dynamics of the language being taught, but of keeping in mind that the proposals materialized in the didactic units in question stir something else, bring memories that materialize in various formulations and also in silence, depending on the very relationship of the student, who comes from another place, with the human body, with his body, and with health, at the moment of talking about the body and about health in a space and in a language with which he, sometimes, does not feel comfortable with. How to talk about health and body care in another language, which “forces them to think” in another way, different from their mother tongue? What relationships are established from this other language in relation to their practices, traditions, and beliefs about health? These questions are at stake when thinking about the teaching of Brazilian Portuguese, a country with different beliefs, traditions, practices, and customs to such a diverse audience, but which is often seen as a single and homogeneous group, with the same demands and needs. This silencing of the cultural differences and heterogeneity that constitute the refugees affects in the way health is discursively analyzed in the didactic units analyzed. In this sense, the classroom is the place where these issues, concerning cultural differences, emerge and must be heard so that refugees can, in fact, know how to speak and communicate with health agents in a way that they can expose not only their symptoms, but also expose their way of understanding health from their culture. We end this article, by way of conclusion, discussing the effects of the coronavirus pandemic regarding refugees, a subject that we could not leave out of this article, whose objective is to understand how health is shown and meant for refugees in specific teaching materials. Among the materials we analyzed, two were published in 2021, but only the workbook *Presente!* (SC) makes a quick mention of the Covid-19 pandemic. It is an emoji that appears wearing a mask and making a positive sign with his thumb. Next to it the phrase: “wash your hands, wear masks and keep taking care of yourself!” This is the

image that closes the teaching unit on health in this workbook, looking like something that was slotted into a unit produced before the Covid-19 pandemic. Nothing else is said, nothing else is worked out regarding health at such a relevant and telling time as that. Despite the issue of the coronavirus pandemic, we observe, in addition to the materials analyzed, discourses that place the refugee at the margins of health. Based on the formulation of Orlandi (2007, p. 12) that “there is a process of production of silenced meanings” we analyze a statement that we heard in the video allocated in the Virtual Health Library, which we bring in the introduction of this article: “look he’s coming, he can’t communicate, but that’s not our problem either”. Taking another look at this statement, based on the clippings highlighted above, we can propose the following paraphrastic movements: “it is not our problem” if they cannot learn the Portuguese language to understand the guidelines on the Covid-19 protocols; “it is not our problem” if they are not accompanied at the time of hospitalization; “it is not our problem” if they die in our hospitals; “it is not our problem” if we have no way to notify their families. “Not our problem?” The analysis and considerations proposed about the way health is meant in Portuguese classes in Brazil for refugees in the light of a materialist Analysis of Discourse, presented in this article, contribute to a reflection that goes beyond the way of working *the health* theme in the teaching of a foreign language to refugees, because it makes us think about how the language, in relation to the themes considered urgent for this audience, should be worked: always in a relationship with the historicity and memory of the refugee in relation to his own language and his way of thinking about such themes.

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